

SANTA MARIA NURSING HOME

430 SOUTH CLAY STREET

GREEN BAY 54301 Phone:(920) 432-5231

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/02): 50

Total Licensed Bed Capacity (12/31/02): 59

Number of Residents on 12/31/02: 41

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 44

Corporation

Skilled

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)			%
			Primary Diagnosis	%	Age Groups	%	Less Than 1 Year			
Home Health Care	No						1 - 4 Years			56.1
Supp. Home Care-Personal Care	No						More Than 4 Years			39.0
Supp. Home Care-Household Services	No		Developmental Disabilities	0.0	Under 65	17.1				4.9
Day Services	No		Mental Illness (Org./Psy)	53.7	65 - 74	4.9				-----
Respite Care	No		Mental Illness (Other)	4.9	75 - 84	39.0				100.0
Adult Day Care	No		Alcohol & Other Drug Abuse	0.0	85 - 94	29.3				*****
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	9.8				Full-Time Equivalent
Congregate Meals	No		Cancer	2.4		-----				Nursing Staff per 100 Residents
Home Delivered Meals	No		Fractures	2.4		100.0				(12/31/02)
Other Meals	No		Cardiovascular	12.2	65 & Over	82.9				-----
Transportation	No		Cerebrovascular	0.0		-----				RNs
Referral Service	No		Diabetes	4.9	Sex	%				LPNs
Other Services	No		Respiratory	0.0		-----				Nursing Assistants,
Provide Day Programming for			Other Medical Conditions	19.5	Male	31.7				Aides, & Orderlies
Mentally Ill	No			-----	Female	68.3				51.1
Provide Day Programming for				100.0		-----				
Developmentally Disabled	No					100.0				

Method of Reimbursement

			Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care							
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	5	100.0	289	25	96.2	112	0	0.0	0	10	100.0	135	0	0.0	0	0	0.0	0	40	97.6
Intermediate	---	---	---	1	3.8	91	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	2.4
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		26	100.0		0	0.0		10	100.0		0	0.0		0	0.0		41	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

Percent Admissions from:		Activities of		% Needing		% Totally		Total	
				Assistance of				Number of	
		Daily Living (ADL)		One Or Two Staff		Dependent		Residents	
Private Home/No Home Health	10.3	Bathing	14.6	65.9	19.5	41			
Private Home/With Home Health	0.0	Dressing	17.1	63.4	19.5	41			
Other Nursing Homes	2.6	Transferring	17.1	63.4	19.5	41			
Acute Care Hospitals	82.1	Toilet Use	26.8	53.7	19.5	41			
Psych. Hosp.-MR/DD Facilities	0.0	Eating	34.1	63.4	2.4	41			
Rehabilitation Hospitals	0.0								
Other Locations	5.1	*****							
Total Number of Admissions	78	Continence		% Special Treatments					
Percent Discharges To:		Indwelling Or External Catheter		7.3		Receiving Respiratory Care		2.4	
Private Home/No Home Health	24.7	Occ/Freq. Incontinent of Bladder		29.3		Receiving Tracheostomy Care		0.0	
Private Home/With Home Health	14.3	Occ/Freq. Incontinent of Bowel		24.4		Receiving Suctioning		0.0	
Other Nursing Homes	6.5					Receiving Ostomy Care		2.4	
Acute Care Hospitals	11.7	Mobility				Receiving Tube Feeding		2.4	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained		2.4		Receiving Mechanically Altered Diets		22.0	
Rehabilitation Hospitals	0.0								
Other Locations	10.4	Skin Care				Other Resident Characteristics			
Deaths	32.5	With Pressure Sores		12.2		Have Advance Directives		80.5	
Total Number of Discharges		With Rashes		0.0		Medications			
(Including Deaths)	77					Receiving Psychoactive Drugs		68.3	

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility	Ownership: Proprietary		Bed Size: 50-99		Licensure: Skilled		All Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	75.2	84.7	0.89	87.1	0.86	85.3	0.88	85.1	0.88
Current Residents from In-County	95.1	81.6	1.17	81.5	1.17	81.5	1.17	76.6	1.24
Admissions from In-County, Still Residing	26.9	17.8	1.52	20.0	1.34	20.4	1.32	20.3	1.33
Admissions/Average Daily Census	177.3	184.4	0.96	152.3	1.16	146.1	1.21	133.4	1.33
Discharges/Average Daily Census	175.0	183.9	0.95	153.5	1.14	147.5	1.19	135.3	1.29
Discharges To Private Residence/Average Daily Census	68.2	84.7	0.81	67.5	1.01	63.3	1.08	56.6	1.21
Residents Receiving Skilled Care	97.6	93.2	1.05	93.1	1.05	92.4	1.06	86.3	1.13
Residents Aged 65 and Older	82.9	92.7	0.89	95.1	0.87	92.0	0.90	87.7	0.95
Title 19 (Medicaid) Funded Residents	63.4	62.8	1.01	58.7	1.08	63.6	1.00	67.5	0.94
Private Pay Funded Residents	24.4	21.6	1.13	30.0	0.81	24.0	1.02	21.0	1.16
Developmentally Disabled Residents	0.0	0.8	0.00	0.9	0.00	1.2	0.00	7.1	0.00
Mentally Ill Residents	58.5	29.3	2.00	33.0	1.77	36.2	1.62	33.3	1.76
General Medical Service Residents	19.5	24.7	0.79	23.2	0.84	22.5	0.87	20.5	0.95
Impaired ADL (Mean)	47.3	48.5	0.98	47.7	0.99	49.3	0.96	49.3	0.96
Psychological Problems	68.3	52.3	1.31	54.9	1.24	54.7	1.25	54.0	1.26
Nursing Care Required (Mean)	5.2	6.8	0.77	6.2	0.83	6.7	0.77	7.2	0.72